

SEP 14 2004

PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/814,865
Filing Date	March 30, 2004
First Named Inventor	Fidel Realyvasquez, M.D.
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	CSI-2025

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 33931

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

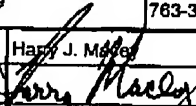
I have been discharged by Coalescent Surgical, Inc. in connection with the above-identified application.
The reasons for this request are:

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Jeffrey J. Hohenshell, Esq.				
Address		Medtronic, Inc.				
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Signature				Registration No.	32,818	
Date		September 14, 2004		Telephone No.	650-654-9555	

NOTE: Withdrawals effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

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